

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025026

FILED VS. JUL 12 1960

318

Primary Registration District No.

1003

Registrar's No.

6389

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4406 McPherson Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RALPH L. THOMPSON				4. DATE OF DEATH Month Day Year June 22 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 15, 1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Pathologist		11. BIRTHPLACE (City and state or country) Lisbon, Maine		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Haley Thompson		13b. MOTHER'S MAIDEN NAME unknown Smith		14. NAME OF HUSBAND OR WIFE Elizabeth S. Thompson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Elizabeth S. Thompson, 4406 McPherson			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hepatosoma of Liver DUE TO (c) 155.0						INTERVAL BETWEEN ONSET AND DEATH Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Broncho-Pneumonia, Massive J.I. Hemorrhage						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
20e. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE		
21. I attended the deceased from 6-13-60 to 6-22-60 and last saw her/him alive on 6-22-60				Death occurred at 1.05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John V. O'Donnell M.D. (Degree or title)				22b. ADDRESS 539 N. 9th St. Louis, MO		22c. DATE SIGNED 6/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 6-23-1960		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar				25. DATE RECD. BY LOCAL REG. JUN 23 1960		26. REGISTRAR'S SIGNATURE Loal Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jos. O'Donnell
at St. John's Hospital

27-55-7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by (Not Embalmed) Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 5010

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.